

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Consultation and care linkage are priorities of pharmacists in sale of OTC rapid HIV tests

In summer 2012, the U. S. Food and Drug Administration approved a rapid HIV test for over-the-counter (OTC) sale and house use. The test is available for sale in pharmacies and on the Internet. One-fifth of persons infected with HIV do not know it.

Community pharmacies currently provide immunizations, health counseling for various diseases and conditions, medication therapy management consultation and testing for various chronic conditions. HIV testing in U. S. pharmacies has recently been conducted. However, studies have not addressed the OTC rapid HIV test in pharmacies.

This study explored community pharmacist attitudes and perceptions about OTC sale of rapid HIV tests by pharmacies and their opinions about public opportunities for such testing.

Methodology

A convenient sample of 17 licensed community pharmacists in Indiana were interviewed. Interviews were conducted in person or via phone and lasted about 30 minutes.

Interviews occurred between May and September 2012, the time

when the FDA approved the OTC rapid HIV test kit.

Outcomes of the Study

Participants were largely from the Indianapolis area and were White, non-Hispanic. Nine were men, eight were women, with a mean age 38. Major findings include:

- All pharmacists noted that rapid HIV testing would likely result in more persons learning their HIV status.
- Participants realized that the person buying the HIV rapid test may not be the same person who takes the test.
- Participants strongly felt that engaging with the purchaser was important so they could serve as a resource.
- Participants felt that linkage to HIV treatment was important.
- The majority of pharmacists were concerned for the person who tested positive.
- All pharmacists noted the importance of consultation about the test at point of sale.
- Pharmacist desire for consultation about the HIV test was linked to a decision to place the test kit close to the pharmacist such as behind the pharmacy counter or in front of it.

- The pharmacist indicated an important need to reduce purchaser isolation around an HIV test yet recognizing that such isolation, or perhaps anonymity, may be the major element that brings an individual person to seek an OTC HIV test.

Implications for Prevention

Pharmacy participants overwhelmingly identified a public health need of the OTC sale of rapid HIV test kits: on site test consultation and linkage to HIV care.

The study results reinforce the importance of an HIV test. Expanded opportunities for HIV testing should include public health systems that increase access to testing but also increased access to HIV treatment. Innovative ways in which the community pharmacist could be a valuable resource for OTC rapid HIV testing would be valuable.

SOURCE:

Meyerson, B. E, et al. (2013, January 13). We can do more than just sell the test: Pharmacist perspectives about over-the-counter rapid HIV tests. *AIDS and Behavior*. doi: 10.1007/s10461-013-0427-y.

Lifetime medical cost of STIs estimated at \$15.6 billion

STI result in major direct medical costs. Recent (2002-2011) cost estimates were assembled to determine the lifetime cost per cases of eight major STIs (chlamydia, gonorrhea, hepatitis B virus, HPV, genital herpes simplex virus type 2, HIV, trichomoniasis and syphilis) for 2008.

Analysis found that total lifetime direct medical cost of the 19.7 million STI cases among persons of all ages in 2008 in the U.S. was \$15.6 billion. Total costs for specific STIs were: chlamydia, \$516.7 million; gonorrhea, \$162.1 million; hepatitis B virus, \$50.7 million; HIV, \$12.6 billion; HPV, \$1.7 billion; herpes simplex virus type 2, \$540.7 million; syphilis, \$39.3 million; and trichomoniasis, \$24.0 million.

Costs for HIV infection accounted for more than 81% of the total cost. Among nonviral STI, chlamydia was the most costly infection. Costs for all STIs would be greater in absence of effective prevention and control efforts.

SOURCE: Owusu-Edusei, Jr., K., et al. (2013). The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sexually Transmitted Diseases*, 40, 197-201.

Extra-couple sex accounts for HIV in men more than women

The proportion of heterosexual HIV transmission in sub-Saharan Africa that occurs within cohabitating couples in contrast to that in single persons or extra-couple relationships is debated. This analysis used mathematical modeling of survey data to estimate whether HIV transmission was due to extra-couple sex.

Data were from 27,201 other-sex couples (2003-2011) from 18 sub-Saharan countries.

The analysis estimated that extra-couple HIV transmission accounted for 27-61% of all HIV infections in men and 21-51% of all those in women, with ranges indicating intercountry variation. For 2011, estimates showed that extra-couple transmission accounted for 32-65% of new incident HIV infections in men in cohabitating couples and 10-47% in women.

The findings of the analysis suggest that HIV transmission within couples occurs largely from men to women and that women have a very high-risk period before couple formation.

SOURCE: Bellan, S. E., et al. (2013, February 5). Extra-couple HIV transmission in sub-Saharan Africa: A mathematical modeling study of survey data. *The Lancet*. doi: 10.1016/S0140-6736(12)61960-6.

Undetectable viral load virtually eliminates transmission

A review found that heterosexual serodiscordant couples have a low risk of HIV transmission if the HIV-infected partner has an undetectable viral load resulting from successful antiretroviral therapy. The estimated HIV transmission rate was 0.0 to 0.14 per 100 person-years. For a zero HIV transmission risk persons should to take antiretrovirals per schedule and use condoms.

SOURCE: Letchumanan, M., et al. (2013, January). Systematic review of HIV transmission rates between heterosexual serodiscordant couples where the HIV-positive partner is fully suppressed on ART. Third International Workshop on HIV and women. Toronto.

Young women: highest chlamydia rate

In 2011, women aged 20-24 years had the highest rate of chlamydia (3,722.5 cases per 100,000 females) compared with any other age and sex group. Their rate increased 10.5% during 2010-2011.

SOURCE: CDC. (2012, December 13). STDs in adolescents and young adults. <http://www.cdc.gov/std/stats11/adol.htm>.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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